

GOVERNMENT OF THE DISTRICT OF COLUMBIA
District Department of the Environment
APPLICATION FOR
THE VOLUNTARY CLEANUP PROGRAM

Please submit to:

Toxic Substances Division, Land Remediation and Development Branch
1200 First St., NE, 5th Floor, Washington D.C. 20002
(Please submit either by mail or in person)

**A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH
PARCEL OR EACH PARCEL OWNED BY A SEPARATE LEGAL ENTITY**

This application will be used to submit a request to participate in the Voluntary Clean-up Program. The information in this application will be used to determine eligibility of the Applicant and the site as provided for under Title III of the Brownfields Revitalization Amendment Act of 2000, D.C. Law 13-312, effective June 15, 2001.

Please type. Please answer each question completely. Please indicate "N/A" where a question is not applicable to the Applicant. Please include a cover letter for the application package.

Until the District has promulgated a final policy or final rulemaking the following interim fee procedure will be adopted. To offset the time spent by the DDOE, in review of ALL site information transmitted along with meetings and site visits, the Applicant will reimburse the District on a preset hourly fee. Time for each project will be recorded using the "Voluntary Cleanup Staff Accounting" form. The Voluntary Cleanup Program Coordinator will maintain this time accounting.

If you have any questions please contact DDOE.

INELIGIBLE APPLICANTS

If a determination is made that either Applicant or the site is ineligible for participation the application will be returned.

NOTIFICATION

DDOE shall approve or deny the application within 90 business days of its receipt. A request by DDOE for additional information shall toll the 90-day review period.

I. Property

Property Name 100 V Street

Address 101 V St. SW

City Washington Quadrant SW Zip Code 20024 Ward 6

Square # Sqs 611, 609 Lot # 19, Portion 810 Acreage ~3.6

Has the site had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) N

Is the property listed on the National Priority List pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. 9601 *et seq.*? (Y/N) N

Is the property subject of a current cleanup action by the Environmental Protection Agency or the DDOE? (Y/N) N

Please include:

Permit numbers, dates, name(s) of program(s), name of regulated entity and
any other information known to the Applicant, and current pictures of the site.

II. Applicant

Name Adam Gooch Title Authorized Representative

(please list principal if corporate entity)

Corporation/Organization SW Land Holder, LLC

Legal Form of Business Limited Liability Company

Mailing Address Akridge 601 13th St NW Ste 300

City Washington State DC Zip Code 20005

Telephone (202) 638-3000 Fax ()

E-mail agooch@akridge.com

District of Columbia Corporation (Y/N) N Out of state entity (Y/N) Y
(please attach copy of certificate) (please attach copy of D.C. business certificate)

Is the Applicant applying for or does the Applicant plan to apply for grants, loans or property tax credits available for the redevelopment of Brownfields in the District per Title VII Cleanup Incentives of the Act? (Y/N) N

Has the Applicant had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) N (please attach copies of any information listed)

Please include:

List of the financial incentives for which you are planning to apply.
Permit numbers, dates, name(s) of program(s), name of regulated entity and any other information known to the Applicant.

III. Current Property Owner

Name SW Land Holder, LLC Title n/a

(please list principal if corporate entity)

Corporation/Organization N/A

Legal Form of Business Limited Liability Corp.

Mailing Address Akridge 601 13th St. NW Ste. 300

City Washington State DC Zip Code 20005

Telephone (202) 638-3000 Fax ()

E-mail agooch@akridge.com

District of Columbia Corporation (Y/N) N Out of state entity (Y/N) Y
(please attach copy of certificate) (please attach copy of D.C. business certificate)

IV. Other Contacts

Consultant

Name Jeff Stein Title Principal
(please list principal if corporate entity)

Corporation/Organization Advantage Environmental Consultants

Mailing Address 8610 Washington Blvd, #217

City Jessup State MD Zip Code 20794

Telephone (410) 320-8742 Fax (301) 776-1123

E-mail jstein@aec-env.com

Project Manager

Name Same as Above Title _____
(please list principal if corporate entity)

Corporation/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Fax (_____) _____

E-mail _____

V. Applicant's Interest in Property

Do you own this property? (Y/N) Y
(Include copy of deed)

Are you under contract to purchase the property? (Y/N) N

Are you under contract to sell the property? (Y/N) N

If under contract to sell or purchase the property, has a settlement date been scheduled? (Y/N) N Date: N/A

Are you renting or leasing the property? (Y/N) Y

Are you considering renting or leasing the property? (Y/N) N

Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/N) Y

Place an "X" in the appropriate blank.

X Intend to develop site for personal or business purposes.

_____ Intend to conduct an investigation of site prior to acquisition or development.

_____ Neighboring property owner who was unable to obtain relief from the responsible party.

VI. Current Property Use

Place an "X" in the appropriate blank.

<input type="checkbox"/> Residential	<input type="checkbox"/> Underutilized
<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Undeveloped
<input type="checkbox"/> Commercial	<input type="checkbox"/> Idle/Inactive
<input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Abandoned _____	

Current operations on property Surface Parking Lot

Current Operator N/A Title _____
(please list principal if corporate entity)

Number of Employees None Type of work performed by employees _____

Recorded deed restrictions on property (Y/N) N If yes, explain _____

Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/N) N

If yes, explain _____

Please include:

- Permits for release of hazardous substances.
- Copies of Toxic Release Inventory (TRI).
- Copies of permits for hazardous waste generation.
- Any other relevant local and federal registrations.
- Site map that describes the location(s) of building(s) and operation(s).

VII. Historical Property Use

Have there ever been any hazardous substances used, generated, treated, stored, disposed of, or discharged at the property? (Y/N) Y

If yes, explain There was an Aboveground Storage Tank on the site until 2006.

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): Low levels of TPH, lead and arsenic in soil. No VOCs/TPH were found in groundwater.

Please include:

- All available historical information on the property.
- Previous owners and lessors, uses and dates of transfer of ownership of the property.
- Results of a title search for the property.

VIII. Future Property Use

Place an "X" in the appropriate blank.

☐ Unlimited
☐ Residential
☒ Mixed Use
☐ Commercial
☐ Industrial
☐ Undetermined

Please include:

Description of the future use of the property.
Include timelines, types of operations, number of potential employees.
Construction and site plans.

Statement of Certification

I certify under penalty of law that the information provided in this application is, to the best of Applicant's knowledge and belief, accurate and complete.

I certify that I am the Applicant or an authorized representative of the Applicant.

I certify that all information on environmental conditions relevant to the site and known to the Applicant is included in this application.

By signing below the Applicant, or the authorized representative acting on behalf of the Applicant, agrees to pay all invoices for the costs of services provided by the DDOE when billed.

Printed Name Adam M. Gooch

Company SW Land Holder LLC

Title Authorized Representative

Signature Adam Gooch

Date October 27, 2020

OFFICE USE

Documents Received by: _____ VCP Case No. _____

Date: _____ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: _____

CERTIFICATION OF FINANCIAL RESPONSIBILITY

SW Land Holder LLC hereby certifies that he/she/it is in compliance with the financial
[Applicant]j
responsibility requirements of 20 DCMR Chapter 67.

The financial assurance mechanism(s) used to demonstrate financial responsibility under 20 DCMR
Chapter 67 are as follows:

[Type of mechanisms] General Liability Insurance
[Name of issuer] _____
[Mechanism number (if applicable)] _____
[Amount of coverage] _____
[Effective period of coverage] _____

Whether mechanism covers "taking correction action" or compensating third parties for bodily injury
and property damage caused by either "sudden accidental releases" or "non-sudden accidental
releases."

[Signature of Applicant] Adam Gooch
[Name of Applicant] Adam M. Gooch for SW Land Holder LLC
[Title] Authorized Representative
[Date] DECEMBER 27, 2020
[Signature of witness or notary] _____
[Name of witness or notary] _____
[Date] _____

The Applicant must update this Certification whenever the financial assurance mechanism(s) used to
demonstrate financial responsibility changes.